FILED May 17, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V29941

1. Corporation Name

CIRCLE 7 CORPORATION

Principal Place of Business Mailing Address								1.811 61611 vaa.	
903 E PRIMA V PRT ST LUCIE US		630 SW PALMETTO COVE PORT ST LUCIE FL 34986 US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/20/1992			
Principal Place of Business .						4. FEI Number		plied For	
21 26						65-0324744		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 A		
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23	•	28					Trust Fund Contribution Added to Fees		
Zip			Cou			8. This corporation owes the current year	Intangible		
24	25	_ 	30			Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent		
	or Hamb Brid Madicad or annual			81	Name				
RAN	JANA, PATEL			Щ					
630 SW PALMETTO COVE				82	Street A	ddress (P.O. Box Number is Not Acceptable)			
PRT ST LUCIE FL 34986				83				-	
• • • • • • • • • • • • • • • • • • • •					ı				
				84	City	F	85 Zip (Code	
44 0	4- 4b 607.050	2 and 607 1609. Elorida Statuto	c the e	hove	a-named o			registered	
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized	by 1	the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the app	ointment as re	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statı	utes.					
SIGNATURE			· 			usired when reinstating) DATE			
				Agen	! signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	
12.				n =		ADDITIONATION OF THE PROPERTY	☐ Change	Addition	
TITLE									
NAME	PATEL, RANJANA		1.2 NAME		.			ļ	
STREET ADDRESS	630 SW PALMETTO COVE		1.3 STREET ADDRESS		- }				
CITY-ST-ZIP	PRT ST LUCIE FL		1.4 CITY+ST+ZIP		-ZIP		Change	☐ Addition	
TITLE			B	2.1 TITLE			Change	C Addition 1	
NAME	- I			2.2 NAME				}	
STREET ADDRESS	35		2.3 ST	2.3 STREET ADDRESS				į	
CITY-ST-ZIP			2.4 C	2.4 CITY-ST-ZIP					
TITLE	☐ DELETE 3.1T		3.1 TT	TLE			Change	☐ Addition	
NAME	321		3 2 NA	ME	1				
STREET ADDRESS	RESS		3.3 ST	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	•		4.4 CI	TY-S1	r-ZIP				
TITLE			-	5.1 TITLE			Change	Addition	
NAME			5.2 N	ME					
STREET ADDRESS			5.3 S1	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-\$1	ſ∙ZIP				
TITLE		☐ DELETE	6.1 TI		-		Change	Addition	
	1	<u> </u>	6.2 N		1				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR